



THE UNITED STATES PATENT AND TRADEMARK OFFICE

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APPLICANTS: Berard

DEC 05 2003

SERIAL NO.: 09/830,523

GROUP ART UNIT: 1734

TC 1700

FILED: July 20, 2001

EXAMINER: Lorengo

FOR: SEPARATION OF FLOOR COVERING COMPONENTS FOR RECYCLING

ATTORNEY DOCKET NO.: IRC 275

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Emily Gude

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

DATE: November 19, 2003

AMENDMENT AND RESPONSE TO OFFICE ACTION

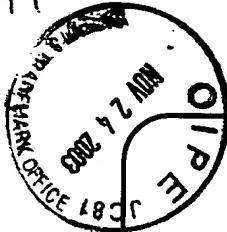
Sir:

Responsive to the Office action dated May 20, 2003, Applicant respectfully submits the following amendments and remarks in connection with this application.

Amendments to the claims begin in page 2 of this paper.

Remarks begin on page 6.

The conclusion is at page 9.



PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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1734

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number

09/830,523

Filing Date

July 20, 2001

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First Named Inventor

Berard

DEC 05 2003

Art Unit

1734

TC 1700

Examiner Name

Lorenzo, Jerry A.

Total Number of Pages in This Submission

Attorney Docket Number

I4060/184423 (IRC275)

ENCLOSURES (check all that apply) Fee Transmittal Form Drawing(s) After Allowance Communication to Group Fee Attached Licensing-related Papers Appeal Communication to Board of Appeals and Interferences Amendment / Reply Petition Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) After Final Petition to Convert to a Provisional Application Proprietary Information Affidavits/declaration(s) Power of Attorney, Revocation Change of Correspondence Address Status Letter Extension of Time Request Terminal Disclaimer Other Enclosure(s)
(please identify below): Express Abandonment Request Request for Refund**-Check in amount of \$950** Information Disclosure Statement CD, Number of CD(s) _____**-Return Receipt Postcard** Certified Copy of Priority Document(s)

Remarks

 Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**Firm
or
Individual nameBruce D. Gray, Reg. No. 35,799
Kilpatrick Stockton LLP

Signature

Date

November 19, 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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Emily Guida

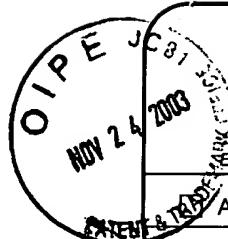
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Date

November 19, 2003

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

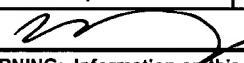
TOTAL AMOUNT OF PAYMENT (\$ 950)

Complete if Known	
Application Number	09/830,523
Filing Date	July 20, 2001
First Named Inventor	Berard
Examiner Name	Lorendo, Jerry A.
Art Unit	1734
Attorney Docket No.	I4060/184423 (IRC275)

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METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Order <input checked="" type="checkbox"/> Deposit Account:				3. ADDITIONAL FEES			
Deposit Account Number		11-0855		Fee Code	Fee (\$)	Fee Code	Fee (\$)
Deposit Account Name		Kilpatrick Stockton LLP		1051	130	2051	65
The Director is authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity	Small Entity						
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid	
1001	770	2001	385	Utility filing fee			
1002	340	2002	170	Design filing fee			
1003	530	2003	265	Plant filing fee			
1004	770	2004	385	Reissue filing fee			
1005	160	2005	80	Provisional filing fee			
SUBTOTAL (1)				(\$ 0)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE							
Total Claims		Extra Claims	Fee from below	Fee Paid			
		-20 **	= 0	X _____		= 0	
Independent Claims		-3 **	= 0	X _____		= 0	
Multiple Dependent				X _____		= 0	
Large Entity	Small Entity						
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description			
1202	18	2202	9	Claims in excess of 20			
1201	86	2201	43	Independent claims in excess of 3			
1203	290	2203	145	Multiple dependent claim, if not paid			
1204	86	2204	43	** Reissue independent claims over original patent			
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)				(\$ 0)			
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 950)							
Other fee (specify) _____							

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Bruce D. Gray	Registration No. (Attorney/Agent)	35,799	Telephone	404.815.6218
Signature				Date	November 19, 2003

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